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CONFIRMATION NO. 4217

<b>SERIAL NUMBER</b> 10/792,279	<b>FILING OR 371(c) DATE</b> 03/04/2004 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2629	<b>ATTORNEY DOCKET NO.</b> IMMR-0183	
<b>APPLICANTS</b> Juan Manuel Cruz-Hernandez, Montreal, CANADA; Danny Grant, Montreal, CANADA; Vincent Hayward, Montreal, CANADA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/301,809 11/22/2002 PAT 7,161,580 which claims benefit of 60/375,930 04/25/2002 Yes <i>llc</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/24/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowable Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 60140					
<b>TITLE</b> Haptic devices having multiple operational modes including at least one resonant mode					
<b>FILING FEE RECEIVED</b> 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		